



2012 BC Athletics Athletics Post Secondary (School) Affiliate Club Membership Application

(GST #127293264)

- New Application** **Renewal** (due December 31, 2011) **\$112.00 (HST incl.)**
 OR
 Information update only

The purposes of the Athletics Post Secondary (School) Affiliate Club includes:

- The training of Athletes
- The hosting of events: competitions, camps and workshops
- Competition in college/university and athletics association sanctioned competitions.
- Promotion and development of the Sport of Athletics.

Please note the following:

- All individual members of the Athletics Post Secondary Affiliate (School) Club are required to have current and appropriate membership with BC Athletics or other Provincial/Territorial or National athletics federations (as per BC Athletics, Athletics Canada and IAAF Rules).
- The period of membership is from January 1st to December 1st each year .

Club: _____ **Colours:** _____

Club Mailing Address: _____ **Club Invoicing Address:** (if different from mailing address) _____

Club phone: (____) _____ **Club fax::** (____) _____

Email: _____ **Website:** _____

Is the club a Registered Non-Profit Society with the Registrar of Companies, Province of BC? **Yes** **No**

Provide a copy of the: guiding mandate, vision and/or mission statement for the University/College/Post Secondary School as relates to the inter-university/inter-college/inter post secondary sport program.

Provide a list the associations and/or conference affiliations for the inter-university/inter-college/inter-post secondary school competition your school competes in.

The following acknowledgement is part of the membership process and must be completed & signed

BC Amateur Athletics Association Acknowledgment of Club Membership Responsibilities.

Upon acceptance as a member club of BC Athletics, _____

agrees to abide by the bylaws, rules and policies of BC Athletics and Athletics Canada.

_____ _____

Date (MM/DD/YY) Signature of club President or Head Coach

Training Venue(s) - (Track & Field Stadiums, Schools, Parks, Community Centres etc.)

Name:	Name:	Name:
Location:	Location:	Location:
Seasons:	Seasons:	Seasons:
Times:	Times:	Times:
Is your training facility shared with other athletics/sport groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES please give details: _____ _____ _____		

THE CLUB WILL PROVIDE PROGRAMS IN THE AREAS IDENTIFIED BELOW

<input type="checkbox"/> <u>TRACK</u> <input type="checkbox"/> Sprints <input type="checkbox"/> Long Jump <input type="checkbox"/> Shot Put <input type="checkbox"/> Pentathlon <input type="checkbox"/> Hurdles <input type="checkbox"/> Triple Jump <input type="checkbox"/> Discus <input type="checkbox"/> Heptathlon <input type="checkbox"/> 800M - 5000M <input type="checkbox"/> High Jump <input type="checkbox"/> Hammer <input type="checkbox"/> Decathlon <input type="checkbox"/> 10000 - Marathon <input type="checkbox"/> Pole Vault <input type="checkbox"/> Weight <input type="checkbox"/> Steeple Chase <input type="checkbox"/> Walks <input type="checkbox"/> Javelin	<input type="checkbox"/> <u>ROAD RUNNING</u>	<input type="checkbox"/> <u>CROSS COUNTRY RUNNING</u>
	<input type="checkbox"/> <u>PARALYMPIC PARTICIPATION</u> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Blind <input type="checkbox"/> Amputee <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Intellectually Disabled	

EVENTS YOUR CLUB WILL HOST IN 2012

Date	Event	RR, T&F, XC, RW

ATHLETIC DEPARTMENT CONTACTS

ATHLETIC DIRECTOR

Name:		BCA #
Address:		City: Postal Code:
Ph:	Fax:	Email:

ASSISTANT ATHLETIC DIRECTOR

Name:		BCA #
Address:		City: Postal Code:
Ph:	Fax:	Email:

HEAD COACH

Name:		BCA #
Address:		City: Postal Code:
Ph:	Fax:	Email:

